

Attachment B

Description of Expansion Populations

In Phase I, New Mexico SCI proposes to cover adults up to 200 percent of the FPL, ages 19-64 who are not currently covered by Medicaid, Medicare, or private health insurance. This will include parents of children who may be covered by Medicaid or SCHIP as well as childless adults.

The eligibility will be based exclusively on income criteria and whether the adult has no current health insurance coverage. The income eligibility will be set at 200 percent of the federal poverty level, adjusting for the existing income disregards for the New Mexico Medicaid program for the TANF population.

There are a projected 132,139 adults which fall into these income levels in New Mexico which are uninsured, based on a Household Survey by the New Mexico Health Policy Commission in 1999. (The CPS average for 1998-2000 is 209,456.) The majority of these adults are employed and therefore this demonstration proposes primarily an employment-based system of coverage.

It is projected that new coverage can be provided to a total of 40,000 adults in this waiver.

The Survey showed the following breakdown of employment status and income levels of uninsured adults:

New Mexico's Uninsured Adults up to 200% FPL*

	<u>Up to 100% FPL</u>	<u>101% FPL-150% FPL</u>	<u>151% FPL-200% FPL</u>	<u>TOTAL</u>
Employed	53,748	30,427	18,447	102,621
Unemployed	<u>17,916</u>	<u>18,145</u>	<u>3,456</u>	<u>29,517</u>
Total	71,664	38,572	21,903	132,139

Age/Sex Breakdown

Females:

19-24	7,304	3,679	1,803	12,786
25-34	9,241	48,70	2,517	16,628
35-44	10,886	5,329	6,501	22,716
45-54	8,100	4,224	1,486	13,810
55-59	2,546	2,334	2,546	7,427
60-64	2,093	1,165	395	3,652

Males:

19-24	6,862	2,220	1,101	10,184
25-34	6,873	4,064	1,505	12,442
35-44	7,200	4,650	1,482	13,332
45-54	6,318	3,960	1,358	11,636
55-59	2,328	2,207	460	4,995
60-64	1,913	1,064	378	3,354

* data on number of persons in each poverty category is based on information from New Mexico Health Policy Commission's Household Survey with estimates applied on employment status.

Attachment C

Benefit Package Description

New Mexico proposes the following benefit package:

A basic commercial managed care package with the following minimum benchmark benefits:

Physician Services

Outpatient visits

- PCP office visits
- Specialist Office Visits
- Allergy Injections
- Allergy Testing
- Physical exams
- Immunizations
- Mammography screening
- Cytologic screening (pap smear)
- Health education

Inpatient Services

Inpatient hospitalization coverage or home health care coverage in lieu of hospitalization, or a combination of both not to exceed 25 days per calendar year provided that a period of inpatient hospitalization coverage shall precede any home health care coverage. Includes:

- Hospital admission; (prior authorization required; included in 25 day hospital/home health care limitation)
- Medical Necessity for semi private, private and intensive care unit; (prior authorization required)
- Physician and surgeon's services; (prior authorization required)
- Anesthesia; (prior authorization required)
- Nursing Care; (prior authorization required)
- Operating and Recovery; (prior authorization required)
- Laboratory, X-ray, EKG, drugs & medications; (prior authorization required)
- Administration of blood and blood derivatives. (prior authorization required)

Emergency & Urgent Care

Covered

Outpatient Services

- X-ray, radiology, ultrasound, EKG
- Surgery (prior authorization required)
- MRI, CT scan, echocardiography, holter monitor, EEG, treadmill stress test (prior authorization required)
- Allergy evaluation
- Laboratory & other diagnostic services not listed above

- Casts & dressings
- OT, PT and SLP are included however medical necessity and progress must be demonstrated to continue; in patient therapy is not included.
- Cancer Treatment Services

DME & Supplies

- DME and supplies
- Diabetic Supplies and services are included

Mental Health & Substance Abuse

- MH Outpatient
- MH Inpatient/Partial Hospitalization - limit of 25 days per year (any combination--same as limit of inpatient hospital and home health on med/surg side)
- SA Inpatient--would be part of med/surg (detox)
- SA Outpatient detox-10 days per calendar year
- SA Outpatient--12 days/year
- SA Intensive Outpatient--30 days per year

Maternity Care

Prenatal care includes a minimum of one prenatal office visit per month during the first two trimesters of pregnancy; two office visits per month during the seventh and eighth months of pregnancy; and one office visits per week during the ninth month and until term, provided that Coverage for each office visit shall include prenatal counseling and education.

- Prenatal
- Postpartum
- Delivery (prior authorization required; included in 25 day hospital/home health care limitation)

Pharmacy

Included

Other

- \$100,000 Maximum on Services

The benefit package was designed based on extensive meetings of a design work group that included representatives from various sectors (state agencies, legislative staff, providers, advocates, business groups), focus groups held regionally in the state, and data from the UNM Care Program--a managed care program for the uninsured in Bernalillo County operated by the University of New Mexico Health Sciences Center.

The proposed SCI benefit package does not include the following Medicaid benefits: optometrists, podiatrists, Dental, Dentures, Eyeglasses, ICF/MR, long term care, personal care services, transportation, case management, or hospice.

Attachment D

Detailed Description of Private Health Insurance Coverage Options, Including Premium Assistance

New Mexico SCI proposes to contract with managed care organizations in the state to provide the SCI benefit plan. Currently, there are three managed care organizations participating in the New Mexico Salud! Medicaid managed care program and it is anticipated that these organizations, as well as additional MCOS, may participate in the SCI program through an RFP process

It should be noted that SCI is not a traditional premium assistance program and that the benefit plan will be standardized and defined by the state.

Premium sharing is proposed as follows:

Employer premium sharing: \$75 per enrollee per month

Employee: will be based on sliding scale as follows:

<u>Income Level</u>	<u>Premium Sharing</u>
Up to 100% FPL	\$ -0-
101-150% FPL	\$ 20
151-200% FPL	\$ 35

Employers participating in the SCI program will be required to provide coverage to a minimum of 75 percent of their total employees. This will discourage crowd out and result in overall higher levels of insurance coverage in the state.

MCOs will also be allowed to market to employers directly as the MCOs have existing relationships with the employers through their commercial business.

Attachment E

Cost Sharing Limits

Co-Pays

Copayments are proposed on a sliding scale based on income as follows:

Service	Co-Pay at 0% – 100% FPL	Co-Pay at 101% – 150% FPL	Co-Pay at 151% - 200% FPL
Physician/Provider Visits	\$5	\$10	\$20
Pre/Post Natal Care	\$0	\$0	\$0
Hospital Inpatient Medical/Surgical	\$25/Day	\$75/Day	\$150/Day
Hospital Inpatient Maternity	\$25/Day \$100 year max	\$75/Day \$100 year max	\$100/Day \$100 year max
Hospital Outpatient Surgery/Procedures	\$25	\$75	\$150
PT, OT & SLP	\$5	\$10	\$25
Diagnostics (excluding routine lab and X-ray)	\$25	\$75	\$100
DME/Supplies**	\$5	\$10	\$25
Mental Health/Substance Abuse Outpatient*	\$5	\$10	\$20
Mental Health/Substance Abuse Inpatient*	\$25/Day	\$75/Day	\$150/Day
Substance Abuse Intensive Outpatient*	\$5	\$10	\$20
Emergency Services that do not meet prudent layperson standard*	\$25	\$75	\$125
Emergency Services*	\$15	\$30	\$45
Urgent Care*	\$5.00	\$10.00	\$15.00

Pharmacy: Generic \$10, Name Brand Formulary \$25

There will be an out-of-pocket maximum of five percent of annual income.

Individuals will be advised that total cost sharing cannot exceed the above amounts and will be advised to contact HSD if cost sharing exceeds these amounts.

Attachment F

Measuring Progress Toward Reducing Rate of Uninsurance

New Mexico will track changes in the uninsured rate and trends in the source of coverage using CPS data. As part of the first report to CMS, New Mexico will establish a baseline using CPS data. New Mexico will be obtaining access to the Arkansas data system developed for HRSA grantees and plans to use this system to track progress.

In addition, New Mexico will measure performance related to access to care, quality of services, preventive care, and enrollment satisfaction. This analysis will be based on HEDIS reports as well as various reporting mechanisms currently used for New Mexico's Salud! program.

Attachment G

Budget Worksheets Notes

Attached are a completed HIFA SCHIP budget neutrality spreadsheet and selected spreadsheets from the HIFA Medicaid budget neutrality workbook.

The following notes relate to the HIFA Medicaid budget neutrality spreadsheets.

There is no Title XIX budget neutrality issue associated with the waiver for three reasons. First, the population to be funded from Title XIX is an optional population that could be made eligible through a state plan amendment. Second, the total cost of the benefit package offered to this population will be less than the cost of the existing state plan benefit package. Finally, the cost of the benefit package will be partially offset by premiums paid by employers and (where applicable) participants.

The attached Medicaid spreadsheets are used as a vehicle to provide historic costs and to present the state's estimates of the future enrollment and costs of the Title XIX waiver population.

The Historic Mandatory Population worksheet contains just the TANF adult, Transitional adult, and pregnant women adult populations. These populations are depicted to illustrate the Total Cost Per Eligible for existing populations that are most similar to the optional population (parents) that is being covered under Title XIX in the proposed waiver. The costs depicted for these populations exclude payments made for medical assistance that will not apply to the optional population such as GME, hospital cost settlements, DSH, wrap around payments to FQHCs, and so forth.

The depiction of these mandatory populations on the WW and WOW spreadsheets do not necessarily reflect the views of the state for the future levels of either eligible member months or expenses for these populations. The future member month figures, and consequently, future expenditures, depicted on the sheets are an artifact of the worksheet template. Further, no months of aging are included for these populations.

The WW spreadsheet includes only four years of Title XIX expenses for the parent population included in the waiver. The first year cost for this population will be funded by SCHIP, and therefore is depicted on the SCHIP spreadsheet.